Appendix 6

Late Billing Appeals Request Form

	The attached claim/adjustment meets one or more of the occasing approval (check the appropriate statement):	following criteria that are considered for late
	Claim(s) denied for an eligibility-related explanation of benefits Claim # originally processes. Report # dated available, a copy of the transaction printout [if eligibility was vertransaction log number [if eligibility was verified using the Automorary or Presumptive Eligibility card).	d on the Remittance and Status (R/S) (attach R/S and, if erified using the magnetic stripe card reader] or the
	Nursing Home Level of Care/Liability Amount Changes. Claim # originally processed on R/S # dated (R/S attached). New level of care New liability amount	
	Retroactive Recipient Eligibility for Medicaid (attach appropriate documentation for retroactive period, if available).	
	Retroactive Eligibility for General Relief.	
	Other Insurance/Medicare Recoupment (recoupment dated attached).	
	Medicare Denial or Reconsideration (reconsideration dated attached).	
	Medicaid Reconsideration. Claim # originally processed on R/S # dated attached.	
	Fair Hearing Decision, with signature dated	(complete copy attached).
	Court Order, with signature dated (complete copy attached).	
II.	Narrative. Briefly explain the nature of the problem and	d previous efforts made to resolve the claims.
Ш	Provider Signature	
IV.	Submit claim or adjustment form and attachments to:	Wisconsin Medicaid Late Billing Appeals Unit Suite 50 6406 Bridge Road Madison, WI 53784,0050